

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> <b>(FOR USE WITH FORM PTO-875)</b>							SERIAL NO. _____	FILING DATE _____
							APPLICANT(S) _____	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
9							69	
10							70	
11							71	
12							72	
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30							90	
31							91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	